3853.

MARGIN RESERVED FOR BINDING This supplemental report is to be pasted beneath the original

-11	ARIZUNA STATE BOARD OF TIEARTH
H	BUREAU OF VITAL STATISTICS
1	(This return should preferably be made SUPPLEMENTARY REPORT OF BIRTH County Register No.*/632.
∥	by the person who made the original.)
	Place of Birth (Registration district)  I HERERY CERTIFY that the child described herein
	has been named
۱	SEX OF CHILD Triplet and in order of birth
1	July 13 18 Pothacker LoE Sterling
1	DATE OF BIRTH [Month] [Day] [Year] [Give name in [ull]] [Surname]
	FULLS OF FATHER STORY
1	NAME Charles [Yothyn Herling [Signature]
	FULL* MAIDEN () 927-7/3-335
- 1	NAME (Physician or Midwife)  These items to be entered by the local registrar before giving out this form.  (Physician or Midwife)
	These items to be entered by the local registrar blank supplemental reports of births may be obtained from the local registrar.  Blank supplemental reports of births may be obtained from the local registrar. County registrars must mail with original certificate on
	Blank supplemental reports of births may be obtained from the local registrar. County registrars must mail with original certificate on Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on the Local registrars must mail with original certificate on the Local registrars must mail with original certificate on the Local registrars must mail with original certificate on the Local registrars must mail with original certificate on the Local registrars must mail with original certificate on the Local registrars must mail with original certificate on the Local registrars must mail with original certificate on the Local registrars must mail with original certificate on the Local registrars must mail with original certificate on the Local registrars must mail supplies the Local registrar must mail supplies the Local registra
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	ARIZONA STATE BOARD OF HEALTH 3855.
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	(This return should preferably be made by the person who made the original.)  SUPPLEMENTARY REPORT OF BIRTH  County Part 1 2 2
inal	(This return should preferably be made by the person who made the original.)  SUPPLEMENTARY REPORT OF BIRTH  Count: Register No.* 1632
riginal	(This return should preferably be made by the person who made the original.)  SEX OF CHILDS!  (Registration district)  SEX OF CHILDS!  (Registration district)  SEX OF CHILDS!  (Registration district)
ie original	This return should preferably be made by the person who made the original.)  Supplementary report of Birth  Count: Register No.* 1632  Place of Birth  (Registration district)  No. 602  SEX OF CHILD*  Twin*  Triplet  And in order  I PEREBY CERTIFY that the child described by the person who made the original.)
1 the original	This return should preferably be made by the person who made the original.)  Supplementary report of Birth  Count: Register No.* 1632  Place of Birth  (Registration district)  No. 602  Sex of Childs Twin*  Triplet  Or other:  And Number*  or other:  This think the child described herein has been named
eath the original	This return should preferably be made by the person who made the original.)  Supplementary report of Birth  Count: Register No.* 1632  Place of Birth  (Registration district)  No. 602  Sex of Child*  Twin*  Triplet or other:  and Number* of birth  Date of Birth  Date of Birth  [Month]  [Month]  [Day]  [Vocal  Authorite  Authorite  Authorite  Authorite  [Month]  [Day]  [Vocal  [Vocal  Authorite  Authorite  Authorite  Authorite  Authorite  [Month]  [Day]  [Vocal  Authorite  [Month]  [Month]  [Day]  [Vocal  [Month]  [Month
Jenesta the original	This return should preferably be made by the person who made the original.)  Supplementary report of Birth  Count: Register No.* 1632  Place of Birth  (Registration district)  No. 602  SEX OF CRILD*  Twin*  Triplet  Triplet  Triplet  Or other:  And  Number*  of birth  DATE OF BIRTH*  This in order  of birth  DATE OF BIRTH*  This in order  of birth  DATE OF BIRTH*  This in order  of birth  This is been named  This is been named  This is been named
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Denesth the original	This return should preferably be made by the person who made the original.)  Supplementary report of Birth  Count: Register No.* 1632  Place of Birth  (Registration district)  No. 602  Sex of Childs Twin*  Triplet  Or other: and Number*  I TEREBY CERTIFY that the child described herein has been named  DATE OF BIRTH*  [Month]  [Month]  [Day]  [Year]  FATHER  NAME
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concean the original	This return should preferably be made by the person who made the original.)  Supplementary report of Birth  Count: Register No.* 1632  Place of Birth  (Registration district)  No. 602 Y 4 54  St.  SEX OF CMILD* Twin*  Triplet Triplet Triplet Or other:  and Number* in order of birth  DATE OF BIRTH*  [Month]  [Month]  [Day]  [Year]  FATHER  NAME  NAME  ACLES  MOTHER  NAME  MOTHER  NAME  Place items to be entered by the local registrar before giring.
Deneath the original	(This return should preferably be made by the person who made the original.)  Supplemental reports of birth should by the person who made the original.)  Supplemental reports of birth should be not be entered by the local registrar before giving out this form.  Supplemental reports of births may be obtained from the local registrar.  Supplemental reports of births may be obtained from the local registrar.  Supplemental reports of births may be obtained from the local registrar.  Supplemental reports of births may be obtained from the local registrar.
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BUREAU OF VITAL STATISTICS

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